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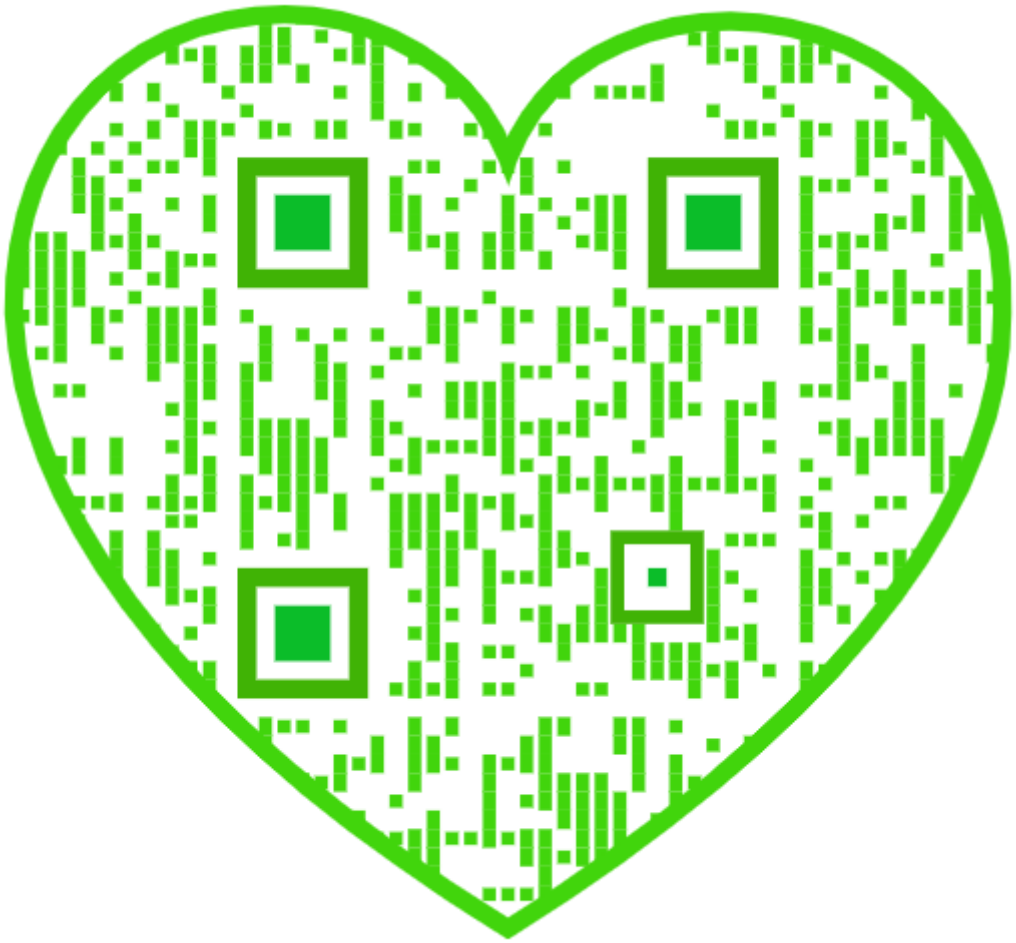

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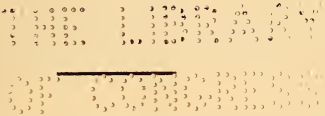
SUGGESTIONS

ON

HOME NURSING

BY

ELLEN MORRIS WOOD



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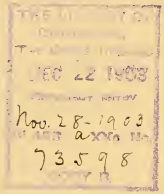

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DISTRICT NURSING ASSOCIATION OF
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PREFACE.

The following notes of lectures given by Miss Wood at Bedford, in March, 1900, were taken by Miss Delia W. Marble, and partially revised and rewritten by Miss Wood while at sea in July, shortly before her death. They have since been kindly corrected by several of her friends, and are published by the District Nursing Association of Northern Westchester County, for the use of those for whom they were originally given.

INTRODUCTION.

The following notes on nursing have been written at the request of the District Nursing Association of Northern Westchester County, from a course of six lectures on "Home Nursing," given under its auspices. The author finds herself much embarrassed in endeavoring to make a clear and simple statement of the underlying principles of good nursing, as much that is important must be omitted in so short a statement for use in district nursing. No new ideas are advanced in these pages, but it is hoped that by leaving out all technical expressions, some of the simplest means of giving help and comfort to the sick which are already well known to trained nurses, may be brought within the reach of those who must care for the sick in their families, without the aid of special training for the work.

Thanks are due to Miss D. W. Marble for her kind assistance, without which the pamphlet could not have been prepared.

For further information upon the subjects herein touched upon, the reader is referred to the text-book on "Nursing," by Mrs. Isabel Adams Hampton Robb.

ELLEN M. WOOD.

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THE CHOICE OF THE SICK-ROOM.

Whenever it is possible to choose which room in the house shall be occupied by a sick person, the first and most important considerations are sunshine and fresh air, and for this reason a corner room at the southwest of the house is usually the best.

If the patient is easily disturbed by the unavoidable noises of the household, it may be well to choose a room at the top of the house; but if it is possible to keep the house quiet, it is best not to have the patient higher than the second floor on account of the difficulty of carrying the numerous articles needed in the sick-room up and down many flights of stairs. It is a great mistake to keep the sick-room darkened unless the brain or eyes are affected, for sunshine is quite as necessary as medicine in the cure of almost all diseases. If every one would remember that sunshine and fresh air are next in importance to wholesome food in keeping persons well and

strong, and are absolutely necessary to help sick persons to get well, there would be much less serious sickness, and very few headaches.

If the patient is likely to be sick for a long time or is suffering from any contagious disease, it is best to take out of the room all unnecessary furniture, carpets, hangings, etc. Not only is it much easier for the nurse to take proper care of the room thus arranged, but it is far better for the patient. If there is any brain trouble it is especially necessary to take all pictures out of the room. Every sick-room should have a bed, sofa, easy chair, two tables and such other furniture as may be convenient and necessary. A single bed about thirty-two inches high, when made up, is best, because the nurse can reach the patient from all sides, and need not bend over as much as is necessary in working over a low bed. All unnecessary wear and tear should be avoided both for the nurse and the members of the family, as they can do far more for the patient's comfort when they are in good condition than when worn out by unnecessary exertion. It is a great

mistake for the nurse to keep her clothes on all night; take them off, if only for an hour. If it is necessary to use a low bed, have a cushion on the floor and kneel on it, instead of standing and bending over. Or a low bed can be raised by putting blocks of wood under the castors, or by putting on an extra spring bed or an extra mattress taken from some other bed.

THE CARE OF THE SICK-ROOM.

Ventilation and Heating.

The importance of breathing plenty of fresh air cannot be too strongly emphasized. When we breathe air into our lungs, we absorb from it the oxygen which is the part necessary to keep us alive, and in the air which we breathe out from our lungs there is a poisonous substance called carbonic acid gas. There are also many other impurities given off into the air by our bodies. For this reason we find that it is necessary to have a constant supply of fresh air coming into our rooms, or we shall be breathing again and again the same impurities which

have come from our bodies, and without getting the necessary amount of oxygen.

This constant supply of fresh air is needed both by day and by night if we are to be strong and well, and the larger the number of people in one room, the greater should be the fresh supply. The idea that night air is harmful and should be shut out is entirely false, for although it is more damp and cool than while the sun is shining, it is made of the same gases, and is quite as pure as the air we breathe in the daytime. Unless the air comes directly from over some cesspool, or decaying substance, a window should always be open in every occupied room, both day and night, or there must be some other means of ventilation. If every one would sleep with a window open two or three inches from the top, there would be far fewer headaches, better appetites, and general good health.

For those who are sick it is even more important to have a constant supply of fresh air, than it is for those who are well, and indeed, however good the doctor may be, if the nurse does not arrange for a constant supply of this, it will be very difficult

for the patient to recover. Of course, there should never be a current of air blowing directly upon the patient, but this can easily be avoided by placing a screen so as to direct the draught away from the bed. A shawl or blanket pinned over a clothes-horse will make a very useful screen for this purpose, if no other is at hand. If it is possible to have an unused room opening into the sick-room, in which the windows can be kept open and where the fresh air can be warmed in cold weather, before being admitted to the patient's room, and an open fire kept burning in the sick-room day and night, we have a very perfect kind of ventilation. In this way, fresh air can come in through the open door between the rooms and the bad air will be carried up the chimney, as air which is heated is lighter than cold air, and always rises.

In the summer time, a lighted candle or lamp should be placed in the fireplace to heat the air and make a current to carry the bad air up the chimney. Stoves which are tightly closed do not make the air better, but rather worse, as they exhaust the oxygen and make little or no current

of air from the room up the chimney as is the case with an open fireplace. Cool air being heavier than warm air, it is best to have the cool air come into the room as high up as possible, and the current of warm air should be started upward from near the floor so that all the air in the room may, as far as possible, be constantly changed. This may be done by raising the window about six inches and filling up the space at the bottom with a pillow, or better, with a board cut to fit the width of the window frame. If enough air is not admitted between the sashes, a few small auger holes may be bored in the board at intervals of four or five inches. In this way, the chief current of air being directed upward between the sashes, there will not be a perceptible draught through the room. We must remember that cold air is not always fresh air, but on the contrary may be quite as impure as air that is warm. The sick-room should always be kept as warm as the doctor has ordered it to be, and whether this may be above seventy degrees Fahrenheit, or below sixty degrees, there should always be a constant supply

of fresh air. Lamps as well as people exhaust the oxygen from the air, and when an extra lamp or an additional person is to be for any length of time in the room, there should be a greater supply of fresh air. If the room is heated by an air-tight stove or by a furnace, a little dish of water should be kept near or on the register or stove, as the air is apt to get too dry when only the very dry heat is used. Under no circumstances should a room ever seem close and stuffy to a person coming into it, and if it does, steps should at once be taken to air it thoroughly, for there is nothing worse for a patient and no greater reproach to a nurse than to have the room continuously close. So many persons are accustomed to breathing impure air that they do not think it a matter of any importance to try to avoid it. At least once a day, the patient should be thoroughly covered up, head and all, and the windows opened wide for a few moments, unless the outside air is very cold. Care should be taken not to remove the extra covers until the room has become thoroughly warm again.

By whatever means a room is heated, it

should be kept at the same temperature, usually sixty-five degrees Fahrenheit, both day and night. Special care should be taken to have the sick-room warm between one and six A.M., and an extra blanket should then be added, as the vital forces are at their lowest between these hours.

The sick-room should be kept scrupulously clean. Dust harbors disease and germs of every description and should not be tolerated. But it is worse than useless to go around with a feather duster or dry dust cloth, which simply dislodges the dust and scatters it through the air to be breathed into the patient's lungs. The proper way is to take a damp cloth and wipe the dust off carefully. The floor may be wiped up in the same way if the carpet has been taken up. If not, a damp cloth may be tied around the broom and the floor swept with that. This will not sweep the carpet thoroughly, of course, but it is better to leave the dust in the carpet than to raise a cloud of it in the air. In cases of bronchitis or pneumonia with coughing, it is best not to dust or brush the floor at all, to avoid making the patient cough.

Keep medicine bottles out of sight of the patient and do not let dishes in which food has been served, empty glasses, spoons, etc., remain in the room. Keep the room always neat and tidy. Fresh flowers in the room do no harm at all, in fact are a good thing, provided the water is kept fresh and they are removed as soon as they begin to wilt. Healthy growing plants are good also as they throw off oxygen and consume the poisonous carbonic acid gas and thus help to purify the air. No food of any kind should be kept in a sick-room.

DUTIES OF THE NURSE.

It is very much better that one person should assume the charge of the patient, and that the labor of nursing should be systematized, as far as possible, from the beginning. If there are several members of the family ready to share in the care of the sick-room, it is much better for both patient and nurse, that they should relieve each other in turn and not that two or three should be fussing about the room at the same time. When a person is very sick,

the fewer people there are about, the better. Do not ask questions of a sick person. Don't fuss or nag. Whoever assumes the responsibility of nursing should write down carefully all the doctor's directions. Nothing important should be left to uncertain memory, so that there should never be any doubt or discussion afterwards as to just what the doctor did say.

Never be afraid or ashamed to ask the doctor any questions about the care of the patient, in even the simplest matters. Doctors are always ready and glad to answer any questions relating to your duties and the comfort and welfare of the patient, and if there is anything you do not feel sure about, or do not know how to do, ask the doctor. Do not ask him questions about his treatment or what he thinks is going to happen, which he might not be able or willing to answer. That part is not your business and you do not help matters by asking, but all instructions concerning the nursing of the patient you should understand clearly. Follow the doctor's directions exactly and conscientiously. You do not know the dangers, or

the effects of the medicines, nor what may be the consequences of any imprudent actions, and it is your duty to both patient and doctor to follow the latter's instructions exactly and to give his treatment a fair chance. If the doctor says the patient must not get out of bed, do not let her get out of bed on any account; and if the doctor has forbidden solid food, do not let any wish on the patient's part induce you to disobey his orders. You may think there is no harm in something the doctor has forbidden, or there is no use in restraining the patient to the extent he has directed, but you know nothing at all about the possible complications that may result from any imprudence, and you are taking a very grave responsibility in following your own ideas in disobedience to the doctor's order.

If you feel anxious and are not sure that everything is being done that might be done, do not rush off to call in another doctor without arranging a consultation. The second doctor, if he were a right-minded man, would refuse to take a case away in the middle of an illness, and it

would be most unfair to the doctor you had employed first. In such a case, ask your doctor to call in the other physician in consultation. A doctor is always willing to do this, and it is always proper to ask to have a consultation, whenever you feel anxious about the case. The doctor will often propose it himself if the case be critical. Be careful not to let the patient know that you have not perfect confidence in the doctor. Make her think that everything is being done exactly as it should be, for any worry will seriously impair the chances of recovery.

Give all medicines very accurately, and never give any home remedies or patent medicines while you are giving the doctor's prescription, as they may have a very bad effect together. It is a good plan to put a paper over the medicine glass or bottle with the amount of the dose and the hour at which it is to be given written on it, and then, every time you give the medicine, draw a line through the hour at which you have given it. Then there is never any doubt as to whether the medicine was given that time or not, and if a new nurse

takes your place she can tell at once when the next dose is due. If you forget the medicine at one time, do not give a double dose the next time to make up, and if the directions say every hour or every two hours, do not give it just when you happen to think of it, but be very careful to give it on time.

Do not make any unnecessary noise in a sick-room and avoid anything that may make the patient nervous. Do not sit on the edge of the bed. Do not rock; do not read a newspaper, as the rustling of the paper is very trying, and if you read a book, turn the leaves quietly. Do not stand at the foot of the bed. Do not wear squeaky shoes, nor click knitting needles nor make any such continuous noises which are irritating to enfeebled nerves. Never whisper. Speak in a quiet, natural tone. Nothing should be said in a sick-room which the patient is not to hear; go outside the door if you wish to consult about anything. If any sudden or unusual noise should be heard, explain it at once, saying "that is such and such a thing," or "I did so and so"—otherwise you will find that the

patient has been thinking of that noise, trying to decide what it was, for a long time afterwards. Always remember that a patient has nothing to occupy the mind and that everything assumes monstrous proportions. Do not let any unpleasant happenings or bad news be told to her. Keep her cheerful and tranquil as far as possible, remember that the longer she is sick, the feebler the mind and nerves become. It is the duty of the nurse to keep the sick-room quiet, and not to allow visitors or friends to tire the patient. Never allow more than one person at a time to stay in the room and then only for a few moments. The sound of talking and the effort of answering and of making conversation is most exhausting to an invalid, and it is your duty to protect her from it. Do not in the patient's hearing talk yourself, nor let others talk, of other cases which they have known which may have ended fatally; and do not allow any discussion of symptoms or treatment, nor any comments upon how badly the patient is looking, to be made in her hearing.

If you do not like to tell friends that they

cannot see the invalid, ask the doctor and get his authority to support you. Your patient will get well much faster if you protect her from this fatigue and excitement, and it would be well if all friends would remember that unless they can be of some real use, it is much kinder not to ask to see a sick person, nor to take up the family's time with long calls.

While you are nursing it is very necessary for you to take care of your own health. You may be willing to sacrifice yourself to any extent, but if you are tired and worn, you cannot take good care of the patient. A sick person feels it at once if a nurse is overtired, and does far better with a nurse who is fresh and well and in good spirits, so that it is your duty to your patient to keep yourself in condition. Have your meals regularly, at your usual hours, if possible, and take time enough to eat. If you get into the way of taking snatches of food at irregular times, you will find yourself a nervous dyspeptic before your patient is well. Never have your meals in the sick-room; it is too fatiguing to the patient and may lessen her appetite. Be

careful to keep yourself looking neat. The hands should be frequently washed in warm water and soap, and the nails cut short and well scrubbed with a nail brush.

Never wake a patient at night to give medicine, unless the doctor has expressly told you to do so. Be very careful not to waken a patient by sudden noises, especially at night. To replenish a coal fire without noise, put a couple of quarts of coal into a paper bag, or into a paper and tie it up. Make several of these during the day, and lay them on the fire as needed.

BEDS AND BED MAKING.

A single bed is much better than a double bed for sickness, as it is far easier to take care of the patient on it. A cot three feet wide makes a good bed if a single bed is not available. The best mattress is of hair. If this cannot be had, a straw mattress is very good, or the woven wire springs with a cotton mattress or heavy blanket folded over it. Feathers make the very worst bed there is for sickness. The heat of a feather bed induces perspiration and then the bed

settles into hollows which gather the dampness and it is almost impossible to avoid bed-sores. Some people are so attached to a feather bed that they cannot be induced to leave it, but if it is possible to persuade the patient to do so, get rid of the feather bed at once. The mattress should be perfectly flat; if there are hollows in it, folded comfortables laid smoothly under them will help to even the surface, and a comfortable laid smoothly over the mattress may make it better. It may be necessary to put a rubber sheet over the mattress to protect it. If a rubber sheet is not to be had, four or five newspapers stitched together make a very good substitute; or a sheet folded four double may answer the purpose.

The under sheet should be drawn very tight and smooth, and it is often well to pin it with safety pins just under the edge of the mattress, to keep it smooth and free from wrinkles. Cotton sheets are better than linen, as the latter gather dampness and are apt to be chilly, even in warm weather. A draw sheet is often very useful, as it can be changed more easily and frequently than the other sheet. This is a

small sheet four feet long, two feet six inches wide, laid lengthwise across the middle of the bed, drawn very tightly and pinned securely to the sides of the mattress. This can be readily drawn out and replaced without disturbing the patient. The under sheet should be well tucked under the mattress at both ends and sides and especially at the head of the bed. The patient is apt to slip down in the bed, and the sheet is pulled into wrinkles unless it is fastened securely at the top.

The upper sheet should be well tucked in at the foot, as nothing is more annoying than to have the bedclothes come loose at that place. It adds much to the comfort of the patient if, in putting on the upper sheets and blankets, you make a fold lengthwise three or four inches wide, in the middle of each just as you tuck it in at the foot of the bed. This makes room for the patient's feet and prevents the drawing of the sheet across the feet which gets to be so uncomfortable, during a long illness.

Blankets are best for a sick-room as they are lighter and warmer than quilts of any kind. An extra blanket will be needed at

hand to put over the patient during the early morning hours, and also when airing the room. Heavy white bedspreads are objectionable, as they have little warmth in proportion to their weight. Either use no spread, or have a very light one, or, best of all, simply a sheet to spread over the blankets. The appearance of a bed or room should always be subordinate to the comfort of the sick person.

It is difficult to prop a patient up with pillows alone so that she can sit up in bed comfortably. Some kind of a bed rest is much better behind the pillows. Turn a chair upside down on the bed with the legs against the head of the bed and the top of the back of the chair under the patient's hips. This makes an excellent rest, much more comfortable than a large pile of pillows. Small pillows are very useful; tucked under the back, under the knees or wherever needed, they greatly ease the fatigue of lying long in one position.

The sheets can be changed without disturbing even a very sick patient. If the patient is able to help herself at all, one person can do it. If not, there should be

two. To change the under sheet, loosen it all around, take it by one side and fold it in lengthwise folds, or roll it till you get it close to the patient. Then take the clean sheet and fold or roll half of it in the same way and lay the folds close to the other. Smooth the sheet and tuck it in at the side, then work the two folds together carefully under the patient, or if she is able to move, turn her over on to the clean sheet, which will be found very little exertion. The soiled sheet can then be drawn away and the clean one spread and tucked. The draw-sheet is changed in the same way. All this can be done without uncovering the patient at all. Changing the upper sheet is much easier and can be done from either the side or the bottom. Loosen the upper sheet and blankets from the bottom, and spread the clean sheet, beginning from either the bottom or the side. Tuck in at the bottom and draw out the soiled sheet from beneath it.

In the same connection it may be said that to change the patient's nightgown is a much easier task than is generally supposed. For any serious illness it is far

better to open the nightgown down the back, which can be done without spoiling the garment, as it can be sewed up again afterwards. Then it is very simple to put the nightgown on over the head and slip the arms in, but if the patient is able to move and does not wish the nightgown altered, put the arms up over the head and draw the sleeves down on them, both at once; then draw the nightgown over the head and it can be pulled down over the shoulders with far less exertion than the usual way, of putting in only one arm at a time.

Few people realize how much clean sheets add to the patient's comfort. Change the sheets at least every day, and if enough sheets for this cannot be had, then at least have a sheet for the night and another for the day. Often a fever patient will drop into a refreshing sleep after a smooth, cool sheet is put under her, and nothing is more grateful than this change, when the patient is restless and the sheet is wrinkled and hot. Do not take the upper sheet and put it underneath, as is frequently done. It is far more important to have the

smooth fresh sheet under the patient, and the under sheet should be changed much more frequently than the upper. This is another case where the patient's comfort should not be sacrificed to appearance.

Crumbs in the bed seem a small detail, but they cause great discomfort and sometimes serious complications. It seems impossible for the most careful person to eat in bed without scattering crumbs, which get down into the bed and are a fruitful cause of bed sores. Twice a day the bed should be carefully brushed with a whisk broom and not a crumb allowed to remain. The patient should be carefully turned, first on one side and then on the other, so that all the crumbs may be taken away from the middle of the bed. It is well when feeding the patient to tuck the napkin in at the neck and spread it under the plate—this helps to catch the crumbs.

BATHS.

Perfect cleanliness is one of the greatest aids to recovery, and there are very few patients who cannot be washed without

danger. In almost all cases a sponge bath can be given in bed, care being taken not to chill or fatigue the patient. The old idea that bathing or cool applications in fever cases, or even cool water to drink, would be dangerous and must be absolutely forbidden, is rapidly giving way to the newer knowledge that such aids in reducing the temperature are of the greatest use besides giving untold relief to the patient. The temperature of the bath (unless for cleanliness only) and the way it shall be given should be determined by the doctor. Ask him for the most explicit directions, and follow them exactly.

To give a bath in bed, it is well to have two old blankets, one folded double under the patient, the other over. Have the room warm and everything that will be needed at hand, towels, soap, hot and cold water, etc. A tablespoonful of alcohol in the water is refreshing and cleansing and prevents the patient from catching cold. Take off the nightgown and keep the patient well covered with the blankets. Take plenty of time to do all thoroughly. Uncover only a small part of the body at one time; wash

and dry it and cover, before wetting the other portion. Begin by washing the face and neck, then take one arm, wash and dry that, and so on. Pass the wash-cloth once or twice over the part, then rinse the cloth and pass over the same place again, and then wipe with a towel. The wash-cloth can be wrung partly dry, but there is no harm in wetting the blankets in which the patient is washed. After the bath is over, the blankets can easily be dried and put away for the next bath. All the bathing can be done under the blankets, without uncovering the part that is being washed at all. When all is done, put on the night-gown and remove the blankets and cover the patient warmly. If the bath is carefully given, the patient need not be exposed at all. Protect the bed very carefully so that it does not get at all wet. A bath so given will be the greatest refreshment to the patient, and if carefully done, there is no danger of a chill or other bad effect. A patient should be bathed at least twice a week, and it is often well to give a bath every day. Any good soap, Castile, Pears or Ivory, may be used. Flannel wash-cloths

are good and there should be plenty of towels at hand, and a rubber sheet may be desirable to protect the bed in addition to the folded blanket. Rough towels are best for rubbing the limbs and body and soft ones for head, fingers and toes.

When a cool bath is ordered for a fever patient to reduce the temperature, the patient is covered only with a sheet, and the sponging is done with cool water, or the patient may be sponged and wrapped while still wet in a blanket. Alcohol may be used in the water, as the rapid evaporation aids the cooling process. Get explicit directions from the doctor as to the kind and duration of the bath.

A wet pack is sometimes ordered for a fever patient. To give this lay several blankets or a rubber sheet on the bed, and over them a sheet wrung out of hot or cold water, as directed. Lay the patient on this and fold the sheet over her, tucking it closely around and between the arms and body; then fold the blankets over and leave for the length of time directed by the doctor. Keep the feet warm by hot applications and give plenty of water to drink,

and apply cold water to the head. Dry the patient quickly and wrap in a dry blanket. A foot bath may be easily given in bed and often brings great relief. Take up the clothing from the foot of the bed and have the patient lie on her back; bend her knees and put the feet in a foot tub set on the bed. Cover with a blanket and soak the feet for a quarter or half an hour. The water should be as hot as is comfortable, and hot water added when necessary. A tablespoonful of mustard mixed smoothly may be used in the foot bath, if desired. Dry the feet thoroughly and wrap in a blanket.

The face and hands should be washed twice a day; the teeth brushed or at least wiped off with a bit of soft cloth. A few drops of listerine or myrrh in the water used as a mouth-wash will be refreshing. If the patient has much fever and the mouth is very dry, a wash of lemon juice and glycerine is often helpful. It is very important that the mouth be rinsed out each time after nourishment is given in fever cases, as otherwise the food left in the mouth decays rapidly. By turning the patient's head on one side and placing a

shallow dish at the corner of her mouth, she can rinse the mouth comfortably and spit out the fluid into the little basin or cup.

The hair should be evenly parted from the forehead to the back of the neck and braided in two braids, starting from behind each ear. In combing the hair, do only one side at a time, beginning at the end of the strand and keeping the upper part of it wrapped tightly around the finger between the comb and the head, so as to avoid pulling the scalp as much as possible. If the hair becomes tangled while the patient is too weak to have it combed, moisten a small part of the hair at a time with alcohol and ammonia mixed; half of each. Do not try to comb all the hair at once; do part and let the patient rest before going on.

The patient may be rubbed with alcohol daily, in many cases, with excellent results. This is refreshing in fevers, and soothing when done at night. Wherever there is danger of bed-sores, on the back and end of the spine especially, alcohol should be freely used. A red spot on the skin is the first sign of a bed-sore and should be attended to at once, and the pressure relieved,

if possible, by means of a rubber ring air cushion, or by small pillows. It is often well to rub a patient with sweet oil or cocoa butter, which keeps the skin in good condition and is strengthening also.

USE OF THE BED PAN.

When the doctor has ordered that a patient is not to get out of bed at all, it is very important that she should at once learn to use the bed pan, and though this may at first seem very difficult, it should be persevered in throughout the illness, as the exertion of sitting up very often causes dangerous exhaustion. Protect the bed thoroughly by placing a rubber sheet or pad covered with an old sheet or towel under the patient from the waist to the knees. A very good pad for this purpose may be made of three or four large newspapers opened and laid together and covered as above. If the patient is not nervous about the danger of soiling the bed, she will be much more likely to be able to use the bed pan easily. Assure her that the bed is protected and that soiling it is of

no consequence. Turn down the covers nearly to the knees and cover the upper part of the body thoroughly with a separate blanket or old shawl, so that the patient need not be exposed at all. Draw up the knees so that the soles of the feet rest flat against the mattress, and tell the patient to press firmly downward with her feet so that the hips will be raised from the bed about two inches, and the pan can be easily slipped under her. Be sure that it is far enough under her so that the edge of the open part of the pan shall be well behind the end of the backbone. Always have the bed pan thoroughly warm, as the shock of the touch of anything cold is not only disagreeable, but very bad for a sick person. If the patient is very stout, it may be well to slightly oil the edge of the pan so that it may be more easily slipped under her; or when the patient is thin, a cotton pad on the back of the bed pan where it presses against the hips and the end of the backbone will make it more comfortable. The nurse should help the patient to raise herself by putting one hand under the hips and lifting upward at the same time that she

slides the bed pan under the patient. Care should be taken never to push the pan under forcibly, as the skin at the end of the backbone may easily be broken in this way and a bed-sore then started. For a patient who is unable to move her limbs at all, it is much more comfortable to have someone lift the hips by placing one hand on each side and lifting slowly and gently while another person slips the bed pan under. When a person is too weak for even the exertion of being placed on the bed pan, pads of common cotton, rags or old muslin may be used to receive the excretions passed from the bowels and bladder. They should be at once burned or buried after they have been used. Nervous persons who find it difficult to pass the urine may be relieved by having some very hot water in the bed pan so that the steam will rise against them, or by pouring a cup of warm water over the parts between the thighs so that it will trickle down into the bed pan, or by taking a drink of water while on the bed pan. Sometimes a hot-water bag, less than half full, laid over the bladder for a few moments will also be found useful in this way.

The patient should never be hurried when trying to use the bed pan, but it is not best for her to stay on it for more than fifteen minutes or half an hour at the utmost, as the position is very tiresome. It is much better to take it out and bring it back again when necessary. A small cushion placed under the small of the back before placing the bed pan under the patient may make her more comfortable.

When the patient is a man a urinal is more convenient than a bed pan; a wide-necked bottle answers this purpose and can easily be used in bed without exposure.

ENEMATA OR INJECTIONS.

An enema is a fluid injection into the rectum, and is given either to relieve constipation, to give nourishment, or for healing purposes. The injection or enema for relieving constipation is in general use, and it is very important to know how to give it properly.

A Davidson or bulb syringe, or a fountain syringe may be used. A flexible long rubber rectal tube is much better than the

hard nozzle which is commonly used, as by carrying the enema farther up, it is retained with less difficulty and acts more effectively. The nozzle should be oiled, and inserted very gently and gradually; there is then no danger of the long nozzle being inserted too far. About a quart of lukewarm water is usually enough. Make a suds with Castile soap, or common brown soap, or use one tablespoonful of gylcerine in a quart of water; pass the water through the bulb syringe once or twice to expel the air, or run through the tube if a fountain syringe is used; then insert the nozzle and proceed very gradually. If the patient complains of much pain, stop and rest and then go on. Take plenty of time. When enough water has been injected, withdraw the nozzle slowly, and press a folded towel against the rectum, to assist in retaining the enema, for fifteen or twenty minutes, if possible, in order to soften the accumulations. Oil, salt or other additions to the water enema should be according to the doctor's directions.

A gentle rubbing of the abdomen, up the left side and towards the right, while the

enema is being given, is a help in retaining it, as is also a constant slight pressure on the rectum. When hot water can be used instead of lukewarm, there is much less griping.

Should the patient be greatly troubled with wind in the bowels, relief may be given by inserting a long rubber rectal tube into the rectum and letting it remain a short time; the gases will gradually escape in this way.

When food cannot be retained on the stomach, nourishment may be given by the doctor's orders through the rectum. This is done by inserting the long rubber rectal tube as before; then putting a funnel in the end of the tube instead of the syringe, and pouring the nourishment through, very slowly, as it is to be retained. Withdraw the tube very slowly and press a folded towel against the rectum. Peptonized milk, or a raw egg with salt, or beef juice are most often given in this way, and usually once in four or five hours. Only two or three ounces can be given at a time. If there is trouble in retaining the nourishment, the bowels should first be washed

out with plain water, half an hour or an hour before giving nourishment, so that the bowels may have rest and be quiet in order to retain the food enema.

The syringe must be washed with the utmost care. Let first cold and then hot water be run through it. Never stick the nozzle into the bag of the fountain syringe for convenience in carrying. The nozzle and rectal tube should be disinfected always in a solution of one part carbolic acid to twenty parts water (three teaspoonfuls of carbolic to one pint of water), or one part bichloride of mercury to one thousand parts water. (Bichloride of mercury tablets with directions for use can be procured from druggists.)

One or the other of these solutions should be on hand in a sick-room, and the syringe nozzle, bed pan, etc., should be disinfected with them. Glass douche nozzles can be boiled, and all cloths, etc., must be boiled. Ordinary cleansing does not remove the germs of any contagious disease. They must be destroyed either by boiling or by disinfectants.

DOUCHES.

By a douche is usually meant a stream of water sent with some force upon a limited surface. Douches are given for cleanliness, for their stimulating effect, or to relieve inflammation. Like other baths they may be simple or medicated. The vaginal douche is the one most frequently used, but should be taken only when ordered by a doctor. He will direct whether it is to be of clear warm water or whether carbolic acid or some other disinfectant is to be added.

A fountain syringe with a glass douche nozzle attached is the best instrument to use. Before the nozzle is inserted a stream of water should be made to flow through it until it flows warm. The nozzle should then be introduced well up towards the back wall of the vagina. If no special amount of water is ordered, a quart or three pints will be enough. If given for cleansing purposes it need be only warm, about 95° to 100° Fahrenheit; but if for reducing inflammation, it ought to be warmer, from 105° to 115° Fahrenheit. Ask the doctor what temperature is best.

The douche should always be given with the patient on her back. Even if she is up and around, she should lie down for such treatment.

A glass nozzle is the only one that can be kept perfectly clean. After being used it should be washed with soap and water, thoroughly rinsed, and then should be kept in an open-mouthed bottle in water and a little carbolic acid.

OUTWARD APPLICATIONS.

Rubber hot-water bottles covered with flannel are most convenient, but glass bottles tightly corked and wrapped in flannel answer every purpose. Patent beer bottles with rubber stoppers make excellent hot-water bottles. Do not set a hot-water bottle in front of the fire or stove to heat, as it is likely to burst. Fill it carefully with hot water from a kettle. Flannel bags filled with salt or bran, and heated in the oven, are excellent. Be very careful not to burn the patient with hot-water bottles; a weak or unconscious person may be burned very seriously with heat that would not burn a well person.

To apply moist heat, wring flannel cloths out of hot water, apply and cover with another flannel, or cotton wadding basted to oiled silk, to retain the heat. These hot cloths are called stupes. To wring the cloths without burning your hands, have a stupe wringer, which is a piece of stout toweling with a stick run through a hem at each end. Put the stupe in the middle of this, dip in boiling water, and twist the sticks in opposite directions till the water is wrung out. Try the stupes on the back of your hand or your elbow to see that it is not hot enough to burn. Small pieces of flannel may be squeezed in a lemon squeezer or towel. For cold applications, wet cloths may be laid on ice and changed every five minutes, or cloths wet in alcohol may be used. To keep ice for this purpose, turn a bowl upside down in a pan and set the ice on this to keep it out of the water; ice will last much longer in this way. The cloths can be wrung out of the water in the pan, and laid on the ice a moment before using. Small rubber bags filled with cracked ice and salt are good.

All hot applications should be changed fre-

quently and very quickly, and when finally removed the part should be covered instantly with flannel, or with a layer of cotton wadding and oiled silk, as the skin is then especially sensitive to cold. Be very careful not to apply a stupe too hot, especially with a weak or unconscious patient, who may be seriously burned by a heat which would not burn a well person. These hot cloths give great relief to sprains or bruises. Either hot or cold compresses are often useful to relieve headache or inflammations.

POULTICES.

Poultices are in common use as a convenient means of applying heat and moisture. Be careful not to burn the patient. A child or a very weak or unconscious person, or one with paralysis, is easily burned. If you can hold the poultice to your cheek for a second it is safe to apply. A poultice will not keep warm longer than four hours, and a thin one will cool quicker than a thick one. Cover the poultice with a piece of flannel, old blanket, or cotton wadding

basted on oiled silk, to keep the heat in. Make the poultice bag of old muslin, a third longer than you wish the poultice to be. Turn back the top, fill up the bag, pull up the top, fold the end over once or twice, and baste or fasten securely with a safety pin. If there is no running sore or contagious disease, the same poultice may be used several times by turning the bag inside out, scraping the poultice off with a knife and reheating in a saucepan. The poultice bag should be carefully washed each time it is used. Always have two or three extra poultice bags ready.

Flaxseed Poultice.—Have a clean saucepan of boiling water. Sprinkle in ground flaxseed, a little at a time, and stir constantly until thick enough to cut with a knife, then beat for several minutes till light and smooth. A little olive oil added will help to keep it soft.

Bread Poultice.—This is lighter than flaxseed, but cools quickly, and does not hold as much moisture. Pour boiling water over the soft part of bread and let it simmer. Drain off the water, beat with a fork. Do not use milk as it soon sours.

Charcoal Poultice.—Put charcoal into a bread poultice and sprinkle some over the poultice when it is spread on the cloth.

Starch Poultice.—The starch is made as for laundry use.

Hop Poultice.—Fill a thin bag with hops and wring out of hot water. Bran poultice is made in the same way.

Spice Poultice.—Use one teaspoon each of ginger, cinnamon, cloves, and cayenne pepper, with flour enough to make a paste.

Mustard Plaster.—Use one part mustard to four parts or more of flour or flaxseed meal, add water enough to make a paste, spread rather thin on the cloth. It is well to oil the parts before applying a mustard plaster, to prevent blistering; or take equal parts mustard and flour and mix with molasses or white of egg instead of water, to prevent blistering. A wet flannel instead of muslin poultice cloth is sometimes better for a mustard plaster. Be very careful in folding the edges, not to have a crumb of the mustard touch the skin.

CONTAGIOUS DISEASES.

There are certain necessary precautions to prevent the spread of contagious diseases which should be familiar to every one, and be carried out with the utmost care.

Every unnecessary article should be taken out of the sick-room before the patient is put into it, and afterwards every article taken out of the room must be disinfected. Hang a sheet wrung out of a disinfectant solution outside the door of the sick-room, so that the air of the room may not blow through the rest of the house. The disinfectants before mentioned, one part carbolic acid to twenty parts water, or one part bichloride of mercury to one thousand parts water, should be kept on hand and freely used.

Sheets, towels, etc., should be soaked in disinfectants, washed by themselves and boiled. Carbolic is the best, as bichloride discolors them. One-half pint carbolic to five quarts of water is the right proportion. There should be an abundant supply of old muslin pieces or cheese cloth, to be used in place of handkerchiefs, if there is discharge

from the nose and mouth, or for washing or dressing wounds, and these should be immediately burned. In consumption or pneumonia cases, special care should be taken of all sputum, which should on no account be allowed to become dry, as the contagion is carried through the dried particles containing germs being taken into the lungs. A sheet of paper folded in the form of a box will be found convenient for receiving the sputum, and can be readily burned. Any handkerchiefs used should at once be soaked, and not allowed to become dry before being disinfected and boiled. In typhoid fever, the infection is greatest from bowel discharges, which must be disinfected with the utmost care. For this purpose use common lime mixed with water to the consistency of cream. Add to the bowel discharge an equal quantity of this preparation of lime, stir with a stick and let it stand a short time in the pan before being emptied.

The nurse should wear only wash dresses, with a cap over her hair, and should change her dress before going out. She should take a walk in the fresh air

every day, and keep herself as well as possible, to avoid risk of contagion. The patient's room should be kept scrupulously clean and well aired, as the only way to disinfect the air of a room is to change it for fresh air.

In skin diseases, such as scarlet fever, the skin should be oiled or rubbed with carbolized ointment to keep the particles from flying in the air. Charcoal in open pans, or carbolic crystals, will help to remove the offensive odors. Chloride of lime is good to throw down drains or water closets. See that there is nothing in the room or under the windows which has any offensive odor. This rule applies in cases of ordinary sickness, as well.

DISINFECTANTS.

Carbolic Solution.—Get seventy-five per cent. solution of carbolic acid from the druggist. Mix one part of this with twenty parts of hot water. Stir well and let it cool. One-half pint of carbolic to five quarts of water is the right proportion, or three teaspoonsful to one pint of water.

Bichloride of Mercury.—Get a bottle of

bichloride of mercury tablets from the druggist, and dissolve in water, according to directions on the bottle, to make a solution of one part bichloride to one thousand parts water.

COOKING FOR THE SICK.

Proper nourishment, fresh air and cleanliness are the three most potent aids to the recovery of a convalescent patient. Food is quite as important as medicine to the sick, and should be prepared and given with as much care and regularity. It is very necessary to give nourishment at frequent intervals to a sick person, as the weakened stomach is incapable of digesting enough food to last from one mealtime to another. Food should be given every two hours, and only a small quantity at a time. Milk is the most useful food for the sick and every one should accustom himself to it when well, so as to be able to take it easily. If it is disliked, the addition of lime water or vichy, or salt, or even diluting it with water, may make it more palatable. It should be either very cold or very hot. When milk is

heated, be very careful that it does not boil. Heat it in a vessel placed in a pan of hot water and take it out the moment it is hot enough.

Mutton broth is excellent. Beef juice is very valuable. Take lean beef from the round, cut into small pieces and just sear it over the coals or in a hot pan. Then squeeze the pieces in a lemon squeezer. Serve hot with a pinch of salt.

To make mutton broth, take a neck of mutton, cut in small pieces, cover with cold water and let it boil very gently till the meat drops off the bones. Add salt to taste, strain and cool quickly; when cold, remove every particle of fat, and heat as required.

Cold beef juice may be made by cutting fresh lean beef into small pieces, and putting it into a bowl with cold water, two tablespoonsful of water to every ounce of beef; add salt, let it stand twenty minutes. Strain, set it on the ice and serve very cold.

For beef tea, take a pound of lean beef, cut it small and put in into a double boiler (or a bowl set in a saucepan of boiling water), with one pint of cold water. Let it heat, and cook for twenty minutes after it

is hot. Pour off from the meat, but do not strain, season with salt and pepper to taste. If beef tea is allowed to boil it will separate.

Beef for broth should be cut into very small pieces, and it will be found easier to do this with scissors instead of a knife.

Take the white of one egg, and a tablespoonful of ice water, beat to a froth, let it stand till it becomes liquid. Use a tablespoonful in lemonade or orange juice. This is very nourishing and refreshing. A tablespoonful in brandy is valuable in diarrhœa.

Soft boiled eggs are also necessary. To cook them properly, put the egg into cold water and set on the stove; when the water simmers, the egg is done; or put the egg into a saucepan of boiling water, which take off at once from the stove and set on the hearth; the egg will be done in five minutes. Either makes the egg more delicate than boiling it.

Poached eggs are apt to have an edge of hard cooked white around them, which is indigestible and is especially dangerous to a typhoid-fever patient. When the patient cannot take solid food, eggs should be

given raw, and can be made palatable in a variety of ways. Perhaps the best is a milk shake. Break an egg into a tumbler, add a spoonful of very finely crushed ice, and half a glass of milk, invert another tumbler over the first, hold the tumblers together in both hands and shake rapidly up and down. With a little practice, this may be done without spilling at all. Strain into a clean glass, add a pinch of salt and serve at once. The egg may be beaten with an egg-beater till very light, then the milk added, but the patient tires of it more quickly this way. The whites of one or two eggs beaten to a froth and mixed with orange juice, is both nourishing and delicious.

Give patients all the cold water they want to drink, unless it is expressly forbidden by the doctor. In fever cases especially it is important to give plenty of cold water, and there is no danger in giving cold water in eruptive skin diseases, such as measles and scarlet fever, unless especially prohibited by the physician.

Much needless suffering and positive injury has been caused by the old idea that

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water must be withheld from fever patients. Hot water may often be given to fever patients, and, where there is suffering from nausea, with great relief. Lime water is also helpful for nausea.

To keep ice in a sick-room, turn a bowl upside down in a pan and set the piece of ice on the bowl; this will keep it out of the water and it will last much longer. If another large bowl is inverted over it, and the whole wrapped closely in newspaper or flannel, it will keep for a surprising length of time.

Ice may be cracked by putting it in a cotton bag and pounding it with a mallet or heavy stick. If it is necessary to crack ice in the room, it may be done by pressing a small sharp awl or a stout shawl pin into the ice, which will splinter off very readily.

Milk toast may be given as soon as any solid food is permitted. Toast the bread carefully, and dip in hot milk with a little salt in it. Stir the milk while heating it. Do not boil or thicken the milk, as it would then have a tendency to produce constipation. Boiled milk is often very useful in

checking diarrhœa. Water toast is often relished. Toast the bread carefully, dip it in hot salted water, put it on a hot plate and butter it.

Clam juice is nourishing, and may be obtained by putting perfectly fresh clams, washed clean, into a pan and setting in the oven till the shells open. The juice may then be strained off and heated, with hot water added if too salt, or milk may be used. The clam broth put up in bottles is often useful, as is also good canned bouillon, and the beef extracts.

Chicken broth or jelly is excellent. Cut up an old fowl, cover with cold water, season with salt and pepper and a few celery leaves if you have them. Boil very slowly till the meat is all in rags. Strain and cool quickly. When cold remove the fat, and serve cold as jelly, or heat and add milk or cream to taste.

To make dry toast, do not toast over the fire, leaving the inside of the slice raw. Cut the bread thin and put it in the oven until it is nicely browned and crisp all through. Untoasted bread should not be given as it will produce indigestion.

In making gruels, the main thing is to cook them a long time, as the starchy substances of which they are made require to be thoroughly swelled and completely cooked to be digestible at all. Milk is a better food than gruels for most sick people.

When the patient begins to eat solid food, see that everything is properly cooked and nourishing. Avoid rich or sweet things. Nothing fried should be given to an invalid. If you have nothing but a frying pan to cook with, put a little water in it and stew the food instead of frying. Fried ham is indigestible and should never be permitted. Cake, pies and rich preserves should be forbidden. Fresh meat, broiled or roasted, chickens, well cooked cereals, boiled rice, well cooked green vegetables, baked potatoes, eggs (not hard boiled), oysters and fish if perfectly fresh, baked apples, simple custards and blanc manges and ice cream are all suitable. Plain ice cream made of cream or milk and eggs is usually relished by invalids and is nourishing. Fresh fruit, except pears, is excellent. Grapes without

the seeds, oranges and grape fruit are most digestible.

All food for invalids should be served in the daintest manner possible. Have the tray covered with a clean cloth. Bring only a small quantity of food at a time as a large dish takes away the appetite.

Have hot things very hot, and cold things very cold. Do not ask sick people what they would like; the effort of thinking is a weariness, and the element of surprise may tempt the feeble appetite. Take the tray, dishes and napkins out of the room the moment the meal is ended.

STRAY NOTES.

Liniments are made more effective by washing the parts with warm water before applying.

To make a pneumonia jacket, take a high-necked undershirt, split it on one side and one shoulder, baste cotton batting firmly front and back, wherever the doctor wishes it; put it on with the cotton next the

skin (after oiling the skin according to the doctor's directions), and fasten it up the side and shoulder with safety pins.

For earache, take a little cotton batting, spread thin and sprinkle with black pepper, fold and tie into a round ball, oil the outside and lay it in the ear; this is very efficacious, especially with children.

For burns, apply at once a paste made of common baking soda (not washing soda) and water. Make the paste smooth, spread it thickly on the burn; put more of it on a wet cloth and lay over the burn, and wrap with more wet cloths, and keep the whole moist. If sweet oil is at hand, a still better way is to beat sweet oil and soda to a cream and apply very thickly on the burn, and cover with a quantity of cotton wadding or absorbent cotton and cheese-cloth bandages. Do not disturb the dressings of a burn oftener than is necessary, as the pain is increased by admitting air to the burned surface. If the burn is at all serious a doctor should be summoned at once.

For cuts, scratches, wounds or bruises, wash in very hot water which has been boiled. Never apply unboiled water to any cut, as there is danger of infection and festering. After the wound is perfectly clean, bandage with soft muslin. If there is much bleeding, apply styptic cotton, or a pad of old muslin pressed firmly on the wound. Hot water is also the best thing to apply to a sprain—keep the limb under water as hot as can be borne for half an hour, before bandaging.

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